



OFFICIAL WITHDRAW FORM

Wheeling University

Student Name: _____ Student ID: _____
First Middle Last

Current Class Level: ☐ Freshman | ☐ Sophomore | ☐ Junior | ☐ Senior | ☐ Undergrad Evening | ☐ Graduate

Please Indicate Housing Status: ☐ Residential Residence Hall & Room: _____
☐ Off-Campus Address: _____

| Reason for Leaving <i>Mark as many as apply</i> | | Please Elaborate in the Space Provided Below <i>Your experience at Wheeling University and the details of why you've chosen to leave can help us improve the student experience for all our current and future students. Please take a moment to explain your decision.</i> | |
|---|-------------------------------|--|--------------------------|
| <input type="checkbox"/> | Academic Difficulty | | |
| <input type="checkbox"/> | Athletic Issues | | |
| <input type="checkbox"/> | Financial Difficulty | | |
| <input type="checkbox"/> | Medical / Health Issues | | |
| <input type="checkbox"/> | Personal / Family Issues | | |
| <input type="checkbox"/> | Student Life Issues | | |
| <input type="checkbox"/> | Major of Interest Not Offered | | |
| Do You Plan to Transfer to Another Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, please name the institution below. | Last Date of Attendance: |

Academic and Financial Counseling Required Signatures

Registrar: _____
Date: _____

Student Accounts: _____
Date: _____

Academic Advisor: _____
Date: _____

Financial Aid: _____
Date: _____

Only complete below if you are a Student Athlete

Only complete below if you are a Residential Student

Athletic Advisor: _____
Date: _____

Residence Life: _____
Date: _____

Verification of Acknowledgment
Please read and sign the following

I understand that, by withdrawing from Wheeling University, I may or may not incur a balance once all adjustments have been made by the Financial Aid and Student Account offices. I am aware that I am responsible for any balance. I understand that my official transcript may not be released until my balance has been paid.

Permanent Phone: _____
Personal Email: _____
Home Address: _____

Student Signature: _____
Date: _____